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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/627,503
	Filing Date	July 25, 2003
	First Named Inventor	Bedard, Stephane
	Art Unit	3738
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	14206/67498

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Form 1449
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Paul C. Remus
Signature	
Date	June 8, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.P. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Type or printed name	Heather Woods		
Signature		Date	June 8, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Stephane Bedard
Filed : 7/25/2003
Examiner :
Title : Positioning of Lower Extremities Artificial Proprioceptors

Serial No.: 10/627,503
Docket No.: 14206/67498
Group Art: 3738

Assistant Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
UNDER 37 CFR 1.97 and 1.98

Dear Sir:

CONTENT OF INFORMATION DISCLOSURE STATEMENT - 37 CFR 1.98

Pursuant to 37 CFR 1.98(a), this Information Disclosure Statement includes PTO Form 1449 listing all patents, publications, applications, or other information submitted for consideration by the Office and a copy of each patent, publication, application, or other information.

Pursuant to 37 CFR 1.98(a), this Information Disclosure Statement includes PTO Form 1449 listing all patents, publications, applications, or other information submitted for consideration by the Office and a copy of each patent, publication, application, or other information required to be submitted. Because this application was filed after June 30, 2003, the requirement under 37 CFR 1.98 (a)(2)(i) is waived and copies of each cited U.S. patent and/or U.S. patent application publication are not submitted herewith.

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

6/8/04
Date of Deposit

Heather Woods
Signature

Heather Woods
(Type or Print Name of Person Signing Certificate)

FILING OF INFORMATION DISCLOSURE STATEMENT - 37 CFR 1.97

Filed Under 37 CFR 1.97(b)

Pursuant to 37 CFR 1.97(b), this Information Disclosure Statement is being filed within three months of the filing date of the above identified application, within three months of the entry of the national stage of the above identified application, or before the mailing date of the first office action on the merits. Accordingly, applicant(s) submits that no fee or certification is required.

FEE SET FORTH IN 37 CFR 1.17(p)

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 04-0932 (Reference Number 14206/67498).

Respectfully submitted,

Date: 06.08.04

By: 
Paul C. Remus, Reg. No. 37,221

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449A/PTO

(Use as many sheets as necessary)

Complete if Known

Application Number	10/627,503
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Filing Date	7/25/2003
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First Named Inventor	Bedard
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Art Unit	3738
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Examiner Name

Sheet	1
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of 2

Attorney Docket Number	14206/67498
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U.S. PATENT DOCUMENTS

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Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

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